

2017 Membership Application

Requirements to be a Member of NSAND:

- 1) Graduate from an accredited school
- 2) Pass NPLEX
- 3) Be a member of the CAND
- 4) Hold a license in a regulated jurisdiction
- 5) Carry Malpractice Insurance

Registration Steps:

1. Apply for and show proof of:
 - a. License in regulated jurisdiction (eg. Ontario, Alberta, Manitoba, BC)
 - b. Malpractice Insurance
 - c. If using this form you are already a member of CAND, provide proof
 - d. NPLEX Results
2. Complete and sign NSAND 3-page application form. If applying for malpractice insurance the information is due 1 month after receiving your NSAND registration number; if not obtained then the registration number is suspended until information is sent.
3. Complete the included 2017 CAND Membership Application.
4. Make out a cheque (with your name in the memo) or money order payable to NSAND for the amount as calculated on Page 2
5. Send NSAND pages 2, 3 and 4 and cheque to:

NSAND
PO Box 245
Lower Sackville NS Canada
B4C 2S9

*Please note, registration # will not be given out until receipt of payment is confirmed.

NSAND 2017 Application Form, page 2

Fees for New Members joining 2017:

Application Fee: \$50

NSAND Full Member Fee

Application submitted January 1st - June 30th: \$750

Application submitted July 1st - December 31st: \$400

NSAND Associate Member Fee

NSAND Fee: \$50.00

CAND Fee: \$160.00+HST = \$184.00 (Full year; see below for pro-rated calculation)

NSAND Student Member

NSAND Fee: \$25.00

CAND Member Fee

1st Year in Practice: \$160+HST= \$184 (\$15.33 per month);

2nd Year in Practice OR Part time: \$250+HST= \$287.50 (\$23.96 per month)

Full Time Practice: \$450+HST= \$517.50 (\$43.13 per month)

*CAND fees are pro-rated based on the month you are joining. For example, if you are practicing full time and apply in June, then the fee would be the full time fee per month (\$43.13) multiplied by the number of months left in the year (7) for a total of \$301.91.

Based on the above information, please complete the section below to calculate the member application fee:

Application Fee: \$50

NSAND Fee: _____

CAND Fee: _____

_____ (_____ per month X _____ months)

TOTAL: _____

NSAND 2017 Application Form, page 3

Membership Category:

____ Full Member
____ Associate Member
____ Student Member

Registrant name _____

Home address _____

Phone (home) _____ Phone (cell) _____

Email address _____ Website(s) _____

Naturopathic college attended _____ Year graduated _____

Other diplomas/degrees _____

Year NPLEX Passed _____

Province/State of Licensure _____ License Number* _____

Primary Clinic Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Secondary Clinic Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone _____ Fax _____

Malpractice Insurance

Insurance carrier: _____ Policy #: _____

Broker: _____ Phone: _____

** If license and insurance policies are pending, please forward the information once received to the NSAND Administrator (needs to be within 1 month of receiving NSAND registration number or this will be suspended).*

Continuing Education (CE)

Continuing education requirements must be met to maintain membership. CE sheets (see website) must be submitted yearly (with re-application) for a total of 40 hours 2 years from application date. New registrants will be required to fulfill continuing education hours on a prorated basis. The 2-year continuing education period will be divided into four terms of 6 months each. Each term represents the equivalent of 10 credit hours, prorated for every 6 months of registration.

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Professional Conduct

Are you currently undergoing any unprofessional conduct or have you been disciplined by another regulatory body responsible for the regulation of any type of health care?

Yes No If yes, please provide the circumstances on an attachment.

Criminal Record

Are you currently being tried for or have you ever been convicted of a criminal offence?

Yes No If yes, please provide the circumstances on an attachment.

Declaration

I agree to uphold and comply with the bylaws and regulations of NSAND.

I believe and declare that the above information is to the best of my knowledge, true and accurate.

X _____ (registrant).



2017 CAND Membership Application

Membership Dues: January 1, 2017-December 31, 2017

20 Holly Street Unit 200, Toronto, Ontario M4S 3B1
 Tel. 416-496-8633 Fax: 416-496-8634 Toll-Free: 1-800-551-4381
info@cand.ca www.cand.ca

Complete all applicable fields (please print):

Name and Designations _____

Primary Clinic

Clinic Name _____

Clinic Address _____

Clinic City _____ **Clinic Postal Code** _____

Clinic Tel _____ **Clinic Fax** _____

Email – Display _____ **Web site** _____

Secondary Clinic

Clinic 2 Name & Address _____

Clinic 2 City _____ **Clinic 2 Postal Code** _____

Clinic 2 Tel. _____ **Clinic 2 Fax** _____

Home or Mailing Address

Address _____

Email – office use only (optional) _____ **Tel.** _____

Note: Primary clinic info will be made publicly available through the CAND's web site and annual membership directory. Private contact info is for CAND office use only and will not be made available to any other party in accordance with our privacy policy.

NEW! Consent for Electronic Communications from CAND

Due to new Canada Anti-spam Legislation, we are asking members to provide their express consent to receive CAND electronic communications. Your CAND membership provides implied consent for the CAND to contact you. Express consent provides CAND clear proof of your permission to send electronic communications to you. All CAND communications are sent electronically. You may unsubscribe at any time by emailing unsubscribe@cand.ca. Please indicate your express consent by checking the box below.

Yes, please send me the CAND's electronic communications.

Important: CAND membership is linked with the provincial associations in **BC, MB, SK, ON, NB, NS** and **PEI**, CAND membership is conditional until confirmation of membership is received from your provincial association. **NSAND, the provincial association, collects CAND dues.** **For all other provinces and territories, please forward your completed and signed application form along with your payment to the CAND office at the address above.** If you have any questions, please contact the CAND office.

√	Membership Category	Annual Dues
	1. Full -time practicing ND	\$517.50 (\$450 + 15% HST)
	2. Part-time practicing ND (Working less than 16 hours per week in practice or otherwise employed using ND credentials*)	\$287.50 (\$250 + 15% HST)
	3. Second Year practicing ND	\$287.50 (\$250 + 15% HST)
	4. First Year practicing ND	\$184.00 (\$160 + 15% HST)
	5. Associate ND (Associate practitioners are out of country, not practicing or retired.)	\$184.00 (\$160 + 15% HST)

*Hours of work includes those hours employed as an ND such as teaching/clinic staff and supplier sales reps

My cheque is enclosed and made payable to the CAND in the amount of \$ _____

Or

Bill my VISA or M/C # _____ Exp. _____ 3-digit Ver. Code* _____

*Your card's 3-digit verification code is located on the back signature strip following your card number

Application continued on following page.....



- From which school did you graduate? _____ Year _____
- In which provinces are you licensed? _____ Lic.# _____
- Number of years in practice _____ Are you a member of your provincial association? _____
- **For Referrals**-Specific therapies, areas of treatment or type of clientele? _____

- **For Referrals**-Languages spoken other than English _____

CAND POLICIES

Membership

Membership is due January 1st. Membership renewals are expected within **30 days** of the renewal date, otherwise the membership will lapse. If this occurs, the CAND must advise the relevant Provincial Association and Partners Indemnity that the member is no longer in good standing with the CAND. Lapse in membership will result in the cancellation of all membership benefits including any malpractice insurance through Partners Indemnity. Membership will not be active until all applicable membership dues have been received and processed by the CAND. An administrative fee of \$30.00 will be charged to reprocess payment in the event of an NSF cheque or declined credit card.

Change of Membership Category

Any member requesting a change in membership category must inform the CAND in writing (by letter, fax or email) at least one month in advance. The notice must include the date the change is to come into effect and the membership status requested. If the member will not be in practice (i.e. maternity leave, sabbatical, etc), they must maintain Associate Member status in order to continue to receive member benefits including malpractice insurance through Partners Indemnity.

Membership Cancellation

Members requesting cancellation of their membership are required to inform the CAND of their request in writing (by letter, fax or email) at least one month in advance of the requested cancellation date. Any refund due to cancellation of membership will be processed 30 days from the date of the written submission. When canceling their membership, members who are insured through Partners Indemnity are advised that their insurance coverage will be cancelled as well as any other members benefits received through other affiliate companies. An administration fee will be charged for membership cancellation and any subsequent membership reinstatement during the calendar year.

Privacy Policy

The CAND collects personal information for contact purposes only and may share said info with its provincial constituent associations upon request. The CAND does not sell said membership information and/or mailing list to any third party for commercial purposes. Clinic contact information is provided to those companies supplying member benefits (i.e. Partners Indemnity Insurance Brokers, Scotiabank, Chase Paymentech). By submitting this form and supplying an email address, you agree to receive CAND electronic communications. You may unsubscribe at any time by emailing us at unsubscribe@cand.ca.

By signing below I acknowledge that I have read and fully understand and accept the policies outlined herein.

Signed: _____ **Date:** _____

Thank You For Your Support!